

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10024607
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
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6		/				
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48		/				
49						
50						
TOTAL IND.		2				
TOTAL DEP.						
TOTAL CLAIMS		15				

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL CLAIMS						